

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND				
1 Date of Request: _____		2 Serial/Patent # _____		
3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT	
<input type="checkbox"/> Filing			\$	
<input type="checkbox"/> Amendment			\$	
<input type="checkbox"/> Extension of Time			\$	
<input type="checkbox"/> Notice of Appeal/Appeal			\$	
<input checked="" type="checkbox"/> Petition	—	4/2/04	\$ 130.00	
<input type="checkbox"/> Issue			\$	
<input type="checkbox"/> Cert of Correction/Terminal Disc.			\$	
<input type="checkbox"/> Maintenance			\$	
<input type="checkbox"/> Assignment			\$	
<input type="checkbox"/> Other			\$	
		7 TOTAL AMOUNT OF REFUND		\$ 130.00
		8 TO BE REFUNDED BY:		
		Treasury Check		
		9 Credit Deposit A/C #:		
		0 1 -- 0 5 1 9		
10 REASON:				
<input type="checkbox"/> Overpayment				
<input type="checkbox"/> Duplicate Payment				
<input checked="" type="checkbox"/> No Fee Due (Explanation):	Office Error.			
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: <u>Denya McLaughlin</u>		TITLE: <u>Petitions Div.</u>		
SIGNATURE: <u>Denya McLaughlin</u>		PHONE: <u>305-20010</u>		
OFFICE: <u>Petitions</u>				
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****				
APPROVED: <u>[Signature]</u>		DATE: <u>9/3/04</u>		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**